## rand Rapids Family Physicians, PLC

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December 20, 2011

Michelle M. McLean Bolhouse, Baar, and Lefere, PC Attorneys at Law 3996 Chicago Drive SW Grandville, MI 49418

Re: Yvonne Jakubowski

DOB: 9/01/1946 File No: 11-0472

Dear Ms. McLean:

The purpose of this letter is to provide you with a written report of Yvonne Jakubowski's medical history, especially related to a product exposure that occurred on June 13, 2008.

She has been under my care since December 2003. She was seen on June 13, 2008, with a contact dermatitis involving her face and nose. She had been doing something with tile and grout at home and was trying to use a grout scaler. The label on the product came off and underneath it it said it was grout primer. After working with that product, she felt swelling around her eyes, sensitivity in her nose, and a rash on her left hand, as well as some rash on her inner thigh. Her examination at that time showed swelling of both upper eyelids, greater on the left than the right, as well as rash on the left hand and left inner thigh. She was treated with a systemic steroid injection of Kenalog (triamcinolone) 60 mg intramuscularly.

She was seen in followup on June 23 when she noted a few days of cough as well as wheezing, and reported loss of the mucosa lining the nose and bleeding. She also reported that her face had swollen to the point that she was barely recognizable to her husband, but that those symptoms had gradually resolved. It was thought at the visit of June 23, 2008, that the cough was due to an allergic response due to the inhalation of the foreign substances. These two visits were directly related to the exposure incident.

Reviewing Mrs. Jakubowski's medical records, in the four years and seven months she was under my care before this incident, she had seven visits for upper respiratory symptoms or illnesses. This is an average of 1.5 visits per year. From the date of June 2008 to the end of November 2011, she was seen for greater than 10 visits by me for either things directly related to the exposure or upper respiratory symptoms and infections. Additionally, she was also referred to a pulmonologist and had special lung function testing and a chest CT, and was referred to an ear, nose, and throat specialist. She, therefore, is averaging at least 4 visits per year for respiratory problems with our office in addition to the referrals to the specialists noted above.

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It is, therefore, obvious that since this exposure incident, her respiratory symptoms and medical care for them has markedly increased.

I trust this information is helpful and would be happy to discuss the matter further with you if further details or clarification are needed.

Sincerely,

D. Jeffrey Mohr, M.D.

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